

Slate Mailer Organization Campaign Statement

(Government Code Sections 84218-84219)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement Covers Period

from 07/01/2017

through 12/31/2017

Date Stamp

CALIFORNIA
1992 FORM **401**

1/18

FOR OFFICIAL USE ONLY

I Slate Mailer Organization Information

FULL NAME OF SLATE MAILER ORGANIZATION:

No Party Preference Voter Guide

ID NUMBER

1343983

ADDRESS NO AND STREET

CITY STATE ZIP CODE PHONE NUMBER

Sacramento CA 95841

NAME OF TREASURER:

Rita Copeland

ADDRESS NO AND STREET

CITY STATE ZIP CODE DAYTIME PHONE NUMBER

Sacramento CA 95841

II Is This A General Purpose Committee?

If this Slate Mailer Organization is also a "general purpose committee" as defined in Government Code Section 82027.5, check box and attach the committee's campaign disclosure report to this statement.

☐

Committee Report
Attached

☐

ID Number if
Recipient Committee

III Summary of Payments

	(A) Total This Period	(B) Cumulative to Date (Since January 1 of calendar year covered)
1 TOTAL PAYMENTS RECEIVED	\$ <u>134014.76</u> Sch. A, Line 3	\$ <u>173437.81</u>
2 TOTAL PAYMENTS MADE	\$ <u>86670.44</u> Sch. B, Line 3	\$ <u>156058.83</u>

IV Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/12/2018 At Sacramento By Rita Copeland CA
DATE CITY AND STATE SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Rita Copeland CA Title: Treasurer
TYPE OR PRINT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE

INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS.

State of California Fair Political Practices Commission

Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	CALIFORNIA 1992 FORM 401
	2/18
I.D NUMBER 1343983	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

No Party Preference Voter Guide

(1)	(2)	(3)		(4)	(5)	
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(a)	(b)		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER			
			SUPPORT	OPPOSE		
11/13/2017 	Andy Thorburn for Congress Long Beach CA 90807 Reference No:	Andy Thorburn Other -- Congress California			3980.76	3980.76
07/05/2017 	Connie Conway for BOE 2018 Visalia CA 93291 Reference No:	Connie Conway Board of Equalization Member	X		10000.00	17000.00
10/12/2017 	Connie Conway for BOE 2018 Visalia CA 93291 Reference No:	Connie Conway Board of Equalization Member	X		7000.00	17000.00

SUBTOTAL

\$

Summary

- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ 134014.76
- Amount Received - Payments of Less than \$100
(Not itemized) \$ 0.00
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ 134014.76

Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	CALIFORNIA 1992 FORM 401
	3/18
I.D NUMBER 1343983	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

No Party Preference Voter Guide

(1)	(2)	(3)		(4)	(5)
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(a)	(b)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER		
			SUPPORT OPPOSE		
12/01/2017 	Ed Hernandez for Lieutenant Govern - or 2018 La Puente CA 91744 Reference No:	Ed Hernandez Lieutenant Governor	X	20000.00	40000.00
11/03/2017 	Galgiani for State Board of Equali - zation 2018 Long Beach CA 90802 Reference No:	Cathleen Galgiani Board of Equalization Member	X	5000.00	16640.05
12/07/2017 	Galgiani for State Board of Equali - zation 2018 Long Beach CA 90802 Reference No:	Cathleen Galgiani Board of Equalization Member	X	5000.00	16640.05

SUBTOTAL

\$

Summary

- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ _____
- Amount Received - Payments of Less than \$100
(Not itemized) \$ _____
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	CALIFORNIA 1992 FORM 401
	4/18
I.D NUMBER 1343983	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

No Party Preference Voter Guide

(1)	(2)	(3)		(4)	(5)
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(a)	(b)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER		
			SUPPORT OPPOSE		
08/11/2017 	Lynn Compton for Supervisor 2018 Sacramento CA 95814 Reference No:	Lynn Compton County Supervisor County of San Luis Obispo	X	448.00	448.00
07/10/2017 	M Strabone for Assessor/ Recorder/ County Clerk 2018 San Diego CA 92116 Reference No:	Matt Strabone Other -- Assessor/ Recorder/ County Clerk San Diego County	X	4836.00	10836.00
08/29/2017 	M Strabone for Assessor/ Recorder/ County Clerk 2018 San Diego CA 92116 Reference No:	Matt Strabone Other -- Assessor/ Recorder/ County Clerk San Diego County	X	3000.00	10836.00

SUBTOTAL

\$

Summary

- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ _____
- Amount Received - Payments of Less than \$100
(Not itemized) \$ _____
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule A Payments Received

SCHEDULE A

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
	5/18

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

I.D NUMBER

1343983

No Party Preference Voter Guide

(1)	(2)	(3)			(4)	(5)
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(a)		(b)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER			
			SUPPORT	OPPOSE		
10/26/2017 	M Strabone for Assessor/ Recorder/ County Clerk 2018 San Diego CA 92116 Reference No:	Matt Strabone Other -- Assessor/ Recorder/ County Clerk San Diego County	X		3000.00	10836.00
07/14/2017 	Ricardo Lara for Insurance Commiss - ioner 2018 Sacramento CA 95814 Reference No:	Ricardo Lara Insurance Commissioner	X		10000.00	40000.00
08/03/2017 	Ricardo Lara for Insurance Commiss - ioner 2018 Sacramento CA 95814 Reference No:	Ricardo Lara Insurance Commissioner	X		5000.00	40000.00

SUBTOTAL

\$

Summary

- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ _____
- Amount Received - Payments of Less than \$100
(Not itemized) \$ _____
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	CALIFORNIA 1992 FORM 401
	6/18
I.D NUMBER 1343983	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

No Party Preference Voter Guide

(1)	(2)	(3)		(4)	(5)
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(a)	(b)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER		
			SUPPORT OPPOSE		
09/07/2017 	Ricardo Lara for Insurance Commiss - ioner 2018 Sacramento CA 95814 Reference No:	Ricardo Lara Insurance Commissioner	X	5000.00	40000.00
10/10/2017 	Ricardo Lara for Insurance Commiss - ioner 2018 Sacramento CA 95814 Reference No:	Ricardo Lara Insurance Commissioner	X	10000.00	40000.00
12/04/2017 	Ricardo Lara for Insurance Commiss - ioner 2018 Sacramento CA 95814 Reference No:	Ricardo Lara Insurance Commissioner	X	5000.00	40000.00

SUBTOTAL

\$

Summary

- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ _____
- Amount Received - Payments of Less than \$100
(Not itemized) \$ _____
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	CALIFORNIA 1992 FORM 401
	7/18
I.D NUMBER 1343983	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

No Party Preference Voter Guide

(1)	(2)	(3)		(4)	(5)
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(a)	(b)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER		
			SUPPORT OPPOSE		
07/10/2017 	Tom Berryhill for Board of Equalization 2018 Sacramento CA 95833 Reference No: INC579	Tom Berryhill Board of Equalization Member	X	-3250.00	-3250.00
12/21/2017 	Travis Allen for Governor 2018 Santa Ana CA 92705 Reference No:	Travis Allen Governor	X	40000.00	40000.00



Summary

SUBTOTAL \$ 134014.76

- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ _____
- Amount Received - Payments of Less than \$100
(Not itemized) \$ _____
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule B Payments Made

SCHEDULE B

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
	8/18
I.D NUMBER 1343983	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

No Party Preference Voter Guide

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	2000.00
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	1500.00
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	1000.00
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	1500.00
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	6500.00
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	300.00
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	5200.00

Summary

	SUBTOTAL	\$
1. Payments of \$100 or More (Include all Schedule B subtotals)	\$	86670.44
2. Payments under \$100 This Period (Not itemized)	\$	0.00
3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2, of the Summary of Payments section on Page 1.	\$	86670.44

Schedule B Payments Made

SCHEDULE B

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
	9/18
I.D NUMBER 1343983	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

No Party Preference Voter Guide

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	1000.00
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	500.00
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	500.00
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	600.00
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	500.00
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	1500.00
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	1500.00

Summary

SUBTOTAL \$

1. Payments of \$100 or More (Include all Schedule B subtotals) \$
2. Payments under \$100 This Period (Not itemized) \$
3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2,
of the Summary of Payments section on Page 1. \$

Schedule B Payments Made

SCHEDULE B

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
	10/18
I.D NUMBER 1343983	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

No Party Preference Voter Guide

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	1500.00
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	1500.00
California Alliance Group,LLC Sacramento CA 95811 Reference No:	Voter Guide Consulting	3000.00
Gina Horn Designs La Verne CA 91750 Reference No:	Printing and Design	212.50
PBC Sacramento,LLC Sacramento CA 95814 Reference No:	Rent	233.00
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	2500.00
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	2000.00

Summary

SUBTOTAL \$

1. Payments of \$100 or More (Include all Schedule B subtotals) \$
2. Payments under \$100 This Period (Not itemized) \$
3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2, of the Summary of Payments section on Page 1. \$

Schedule B Payments Made

SCHEDULE B

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
	11/18
I.D NUMBER 1343983	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

No Party Preference Voter Guide

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	4000.00
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	4000.00
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	3500.00
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	1500.00
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	1500.00
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	1500.00
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	4300.00

Summary

SUBTOTAL \$

1. Payments of \$100 or More (Include all Schedule B subtotals) \$
2. Payments under \$100 This Period (Not itemized) \$
3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2, of the Summary of Payments section on Page 1. \$

Schedule B Payments Made

SCHEDULE B

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
	12/18
I.D NUMBER 1343983	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

No Party Preference Voter Guide

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	4500.00
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	2800.00
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	2000.00
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	1500.00
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	2500.00
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	2500.00
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	2500.00

Summary

SUBTOTAL \$

1. Payments of \$100 or More (Include all Schedule B subtotals) \$
2. Payments under \$100 This Period (Not itemized) \$
3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2, of the Summary of Payments section on Page 1. \$

Schedule B Payments Made

SCHEDULE B

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
	13/18
I.D NUMBER 1343983	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

No Party Preference Voter Guide

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	2000.00
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	3500.00
PJF Communications Arroyo Grande CA 93420 Reference No:	Voter Guide Consulting	5500.00
Presson & Associates Gold River CA 95670 Reference No:	Voter Guide Consulting	1000.00
River City Business Services Sacramento CA 95841 Reference No:	Bookkeeping	62.50
River City Business Services Sacramento CA 95841 Reference No:	Bookkeeping	290.77
River City Business Services Sacramento CA 95841 Reference No:	Bookkeeping	109.64

Summary

SUBTOTAL \$

1. Payments of \$100 or More (Include all Schedule B subtotals) \$
2. Payments under \$100 This Period (Not itemized) \$
3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2, of the Summary of Payments section on Page 1. \$

Schedule B Payments Made

SCHEDULE B

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
	14/18
I.D NUMBER 1343983	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

No Party Preference Voter Guide

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
River City Business Services Sacramento CA 95841 Reference No:	Bookkeeping	151.51
River City Business Services Sacramento CA 95841 Reference No:	Bookkeeping	270.26
River City Business Services Sacramento CA 95841 Reference No:	Bookkeeping	140.26

Summary

1. Payments of \$100 or More (Include all Schedule B subtotals) \$ _____
2. Payments under \$100 This Period (Not itemized) \$ _____
3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2,
of the Summary of Payments section on Page 1. \$ _____

SUBTOTAL

\$ 86670.44

Schedule C
Persons Receiving
\$1,000 Or More

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

No Party Preference Voter Guide

Statement covers period
from 07/01/2017
through 12/31/2017

15/18
I.D. NUMBER 1343983

You must identify each individual listed on your Statement of Organization (Form 400) who received, directly or indirectly, \$1,000 or more from the organization during the period. (See instructions on reverse regarding "indirect" payments.)

NAMES OF INDIVIDUALS RECEIVING \$1,000 OR MORE	AMOUNT THIS PERIOD	CUMULATIVE SINCE JANUARY 1
Paul Fickas (Through California Alliance Group,LLC)	300.00	50800.00
Paul Fickas (Through California Alliance Group,LLC)	500.00	50800.00
Paul Fickas (Through California Alliance Group,LLC)	500.00	50800.00
Paul Fickas (Through California Alliance Group,LLC)	500.00	50800.00
Paul Fickas (Through California Alliance Group,LLC)	600.00	50800.00
Paul Fickas (Through California Alliance Group,LLC)	1000.00	50800.00
Paul Fickas (Through California Alliance Group,LLC)	1000.00	50800.00
Paul Fickas (Through California Alliance Group,LLC)	1500.00	50800.00
Paul Fickas (Through California Alliance Group,LLC)	1500.00	50800.00
Paul Fickas (Through California Alliance Group,LLC)	1500.00	50800.00
Paul Fickas (Through California Alliance Group,LLC)	1500.00	50800.00
Paul Fickas (Through California Alliance Group,LLC)	1500.00	50800.00

Schedule C
Persons Receiving
\$1,000 Or More

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

No Party Preference Voter Guide

Statement covers period
from 07/01/2017
through 12/31/2017

16/18
I.D. NUMBER 1343983

You must identify each individual listed on your Statement of Organization (Form 400) who received, directly or indirectly, \$1,000 or more from the organization during the period. (See instructions on reverse regarding "indirect" payments.)

NAMES OF INDIVIDUALS RECEIVING \$1,000 OR MORE	AMOUNT THIS PERIOD	CUMULATIVE SINCE JANUARY 1
Paul Fickas (Through California Alliance Group,LLC)	1500.00	50800.00
Paul Fickas (Through California Alliance Group,LLC)	2000.00	50800.00
Paul Fickas (Through California Alliance Group,LLC)	3000.00	50800.00
Paul Fickas (Through California Alliance Group,LLC)	5200.00	50800.00
Paul Fickas (Through California Alliance Group,LLC)	6500.00	50800.00
Paul Fickas (Through PJF Communications)	1500.00	90100.00
Paul Fickas (Through PJF Communications)	1500.00	90100.00
Paul Fickas (Through PJF Communications)	1500.00	90100.00
Paul Fickas (Through PJF Communications)	1500.00	90100.00
Paul Fickas (Through PJF Communications)	2000.00	90100.00
Paul Fickas (Through PJF Communications)	2000.00	90100.00
Paul Fickas (Through PJF Communications)	2000.00	90100.00

Schedule C
Persons Receiving
\$1,000 Or More

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

No Party Preference Voter Guide

Statement covers period
from 07/01/2017
through 12/31/2017

17/18
I.D. NUMBER
1343983

You must identify each individual listed on your Statement of Organization (Form 400) who received, directly or indirectly, \$1,000 or more from the organization during the period. (See instructions on reverse regarding "indirect" payments.)

NAMES OF INDIVIDUALS RECEIVING \$1,000 OR MORE	AMOUNT THIS PERIOD	CUMULATIVE SINCE JANUARY 1
Paul Fickas (Through PJF Communications)	2500.00	90100.00
Paul Fickas (Through PJF Communications)	2500.00	90100.00
Paul Fickas (Through PJF Communications)	2500.00	90100.00
Paul Fickas (Through PJF Communications)	2500.00	90100.00
Paul Fickas (Through PJF Communications)	2800.00	90100.00
Paul Fickas (Through PJF Communications)	3500.00	90100.00
Paul Fickas (Through PJF Communications)	3500.00	90100.00
Paul Fickas (Through PJF Communications)	4000.00	90100.00
Paul Fickas (Through PJF Communications)	4000.00	90100.00
Paul Fickas (Through PJF Communications)	4300.00	90100.00
Paul Fickas (Through PJF Communications)	4500.00	90100.00
Paul Fickas (Through PJF Communications)	5500.00	90100.00

TEXT ANNOTATION

PAGE 0

Schedule A
Refund

Reference No: INC579